

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	462178
<015> Study Area Name	AGATE MUTUAL TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Amy Noah
<035> Contact Telephone Number: Number of the person identified in data line <030>	719-764-2578
<039> Contact Email Address: Email of the person identified in data line <030>	anoah@amtca.net

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	0.0			
<420> Mobile	0.0			
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<440> Fixed	0.0			
<450> Mobile	0.0			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> 462178co510	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> 462178co610	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1010> <input type="checkbox"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1110> <input type="checkbox"/>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

FCC Form 481 Certifications

FCC Form 481 Lines 510 and 610

Agate Mutual Telephone Cooperative Association, Inc.

SAC 462178

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards set forth in the following sections of the Colorado Public Utilities Commission (CoPUC) Rules, 4 Code of Colorado Regulations (CCR) 732-2:

- §2334 Construction and Maintenance Practices
- §2337 Standard Performance Characteristics for Customer Access Lines
- §2338 Interexchange Trunk Connections
- §2340 Network Call Completion Requirements

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- CoPUC rule 4 CCR 732-2.2311 Changing Provider/Carrier Presubscription
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- CoPUC rule 4 CCR 732-2.2304 Customer-Billing Requirements
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god. {4 CCR 732-2.2335 The Provision of Service During Maintenance or Emergencies}

FCC Form 481 Certifications

FCC Form 481 Lines 510 and 610

Agate Mutual Telephone Cooperative Association, Inc.

SAC 462178

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**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	462178
<015>	Study Area Name	AGATE MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Amy Noah
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-764-2578
<039>	Contact Email Address - Email Address of person identified in data line <030>	anoah@amtca.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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-- See attached worksheet --

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1/1/2013	
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-- See attached worksheet	
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-- See attached	
worksheet --	

**(800) Operating Companies
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	anoah@amtca.net
<810>	Reporting Carrier	Agate Mutual Telephone Cooperative Association
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	anoah@amtca.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	anoah@amtca.net

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	462178
<015>	Study Area Name	AGATE MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Amy Noah
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-764-2578
<039>	Contact Email Address - Email Address of person identified in data line <030>	anoah@amtca.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 462178co1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

Rules, Regulations or Extension Policy

LOCAL EXCHANGE SERVICES TARIFF

4. Colorado Direct Service Programs

4.1 Lifeline Assistance Program

(T)

Lifeline Assistance is a government assistance program developed to reduce rates for primary residential telephone service to qualifying subscribers who receive income-based benefits. The Company participates in this program to increase the availability of telecommunications services to all consumers in its service area.

(D)(N)

4.1.1 General Description

(A) The Lifeline Assistance reduces an eligible customer's monthly rates for local service. An eligible customer receives a federally subsidized credit toward the monthly cost of basic telephone service.

(B) The Link Up support has been eliminated due to the result of the Lifeline/Link Up Order released by the Federal Communications Commission on February 6, 2012. This order eliminates the Link Up as of April 1, 2012

(C) Eligible customers may obtain Toll Blocking or Limited Toll Blocking free of charge. Toll Blocking is a service that does not allow any toll calls (1+, or 0+). Limited Toll Blocking provides the customer with limited ability to make toll calls by dialing 0+, and using a calling card, credit card, or prepaid calling card. Billed number screening is applied to all lines equipped with Toll Blocking or Limited Toll Blocking. Billed number screening prevents most third party, and collect calls from being charged to the access line.

(D) Eligible customers that elect to take Toll Blocking will not be required to pay a service deposit.

(E) Service will not be disconnected for nonpayment of toll as long as the eligible customer continues to pay the local service charges. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline Assistance and have previously been disconnected for non-payment of toll charges. Lifeline Assistance will not be connected if an outstanding balance is owed by the customer for local service.

(D)(N)

Rules, Regulations or Extension Policy

LOCAL EXCHANGE SERVICES TARIFF

4. Colorado Direct Service Programs (Cont'd)

4.1 Lifeline Assistance Program (Cont'd)

(T)

4.1.2 Undertaking of the Telephone Company

(D)(N)

(A) The Telephone Company will begin providing the services and Lifeline Assistance Program discounts described in Section 4.1 preceding on the date this tariff is approved or becomes effective by operation of law.

(B) The Telephone Company will waive the Service Order Charges to change to or from the Lifeline Assistance Program due to change in eligibility status.

(C) The Telephone Company will keep accurate records of the revenues they forgo in reducing their customary charges as a result of this program in conformity with 47 CFR §54.403 and §54.411. Pursuant to 47 CFR §54.401(d) the Telephone Company will provide the records to the federal Administrator.

If the Company receives notification from the program administrator that the subscriber is receiving Lifeline service from another eligible telecommunications carrier or that more than one member of the subscriber's household is receiving Lifeline service, the subscriber will be de-enrolled from Lifeline Assistance without notice within five (5) business days following the Company's receipt of that notice.

(D) The Company will process all applications and apply the appropriate credit on the customer's monthly bill. A secondary service charge is not applicable for existing customers who subscribe to Lifeline Assistance.

4.1.3 Limitations

(A) The discounts are applicable only on the end user's principal residence line.

(B) Partial payments that are received from Lifeline customers will first be applied to local service charges and then to any outstanding toll charges.

(C) One low income credit is available per household and is applicable to the primary residential connections only.

(D) A Lifeline customer may subscribe to any local service offering available to other residential customers.

(D)(N)

Rules, Regulations or Extension Policy

LOCAL EXCHANGE SERVICES TARIFF

4. Colorado Direct Service Programs (Cont'd)

4.1 Lifeline Assistance Program (Cont'd)

(T)

4.1.4 Obligations of the End User

The end user seeking the Lifeline Assistance Program discounts are responsible for providing acceptable documentation as poof of their eligibility.

(D)(N)

The Company will confirm a subscriber's continued eligibility to receive Lifeline service on an annual basis by requiring the subscriber to sign a certification as to his/her present qualifications for Lifeline service. Upon a determination of ineligibility, the credit will be discontinued on the bill if the customer fails to provide proof of eligibility within thirty (30) days following written notification to the customer.

(A) To constitute a qualifying low-income customer eligible to receive Lifeline services, a customer must meet the requirements set forth in either paragraph 1 or 2 below:

1. A customer's household income must be at or below 135% of the Federal Poverty Guidelines for a household of that size;

(a) For purposes of these rules, "income" is defined as all income actually received by all members of a household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, work's compensation benefits, gifts, lottery winnings, and the like. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.

(D)(N)

Rules, Regulations or Extension Policy

LOCAL EXCHANGE SERVICES TARIFF

4. Colorado Direct Service Programs (Cont'd)

(N)

4.1 Lifeline Assistance Program (Cont'd)

4.1.4 Obligations of the End User (Cont'd)

(b) A "household" is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen (18) years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen (18) living with their parents or guardians are considered to be part of the same household as their parents or guardians.

2. Lifeline Assistance is also available to all residential customers who participate in any of the following low income assistance programs. A subscriber will also be considered to be eligible even if he does not personally participate in any of the following programs, so long as an individual who lives in his household, and for whom he is financially responsible, does participate in at least one of these programs.

- (a) Supplemental Security Income (SSI)
- (b) Supplemental Nutrition Assistance Program (SNAP)
- (c) Medicaid
- (d) Federal Public Housing Assistance/Section 8
- (e) Low Income Home Energy Assistance Program (LIHEAP)
- (f) Temporary Assistance to Needy Families (TANF)
- (g) National School Lunch Program's Free Lunch Program

(N)

Rules, Regulations or Extension Policy

LOCAL EXCHANGE SERVICES TARIFF

4. Colorado Direct Service Programs (Cont'd)

(N)

4.1 Lifeline Assistance Program (Cont'd)

4.1.4 Obligations of the End User

3. In addition to meeting the qualifications provided in paragraph 1 or 2 of this section, in order to constitute a qualifying low-income customer, a customer must not already be receiving a Lifeline service, and there must not be anyone else in the subscriber's household subscribed to a Lifeline service.

4.1.5 Payment Arrangements and Credit Allowances

Payment arrangements and credit allowances are as set forth in Section 2.5 preceding.

4.1.6 Rate Regulations

- (A) The Local Exchange Service rate reduction for the Lifeline participants is as set forth in Section 20.4 (A). The rate reduction will be prorated on the basis of a 30-day month from the effective date of the end user's application.

(N)

Rules, Regulations or Extension Policy

LOCAL EXCHANGE ACCESS SERVICE

20. Rates and Charges

All the rates and charges for the services offered in this tariff are shown in this section. Reference is made for each rate element to the appropriate tariff paragraph where the application of the service is described.

20.1 RESERVED FOR FUTURE USE

20.2 Payment Related Charges

Rate

Source

(A) Payment Related Charges

(1) NSF Check Charge
Per Check

\$15.00

2.5.1(A)(2)

20.3 Access Ordering, Service Connection, Move and Change Services

(A) Service Order Charge
Per Initial Order
Per Subsequent Order

\$20.00

3.4(A)

\$10.00

3.4(A)

(B) Line Connection Charge
Per Connection

\$20.00

3.4(B)

(C) Premise Visit Charge
Per Premise Visit

\$30.00

3.4(C)

(D) Special Number Selection

\$10.00

3.4(D)

20.4 Colorado Direct Service Programs

(T)

(A) Residential Local Exchange Access
Service Rate - Lifeline Reduction
Per Access Line

\$9.25

4.1.6(A)

(T)

(B) Lifeline Assistance Surcharge

Per Access Line

\$ 0.00

(R)(D)

(D)

FCC Form 481 Certifications

FCC Form 481 Line 1210

Agate Mutual Telephone Cooperative Association, Inc.

SAC 462178

Line 1210: Lifeline Terms and Conditions

Lifeline subscribers receive unlimited local calling at a discount of \$9.25.

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

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Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/>
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	462178co3026

**The following 7 pages from this section have been redacted for public inspection
in its entirety.**

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	462178
<015>	Study Area Name	AGATE MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Amy Noah
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-764-2578
<039>	Contact Email Address - Email Address of person identified in data line <030>	anoah@amtca.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	AGATE MUTUAL TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/09/2013
Printed name of Authorized Officer:	Amy Noah
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	7197642578
Study Area Code of Reporting Carrier:	462178 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	462178
<015>	Study Area Name	AGATE MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Amy Noah
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-764-2578
<039>	Contact Email Address - Email Address of person identified in data line <030>	anoah@amtca.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013
